

CERTIFICATION:

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES:

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District: District Level:

25 Lewis	s & Cla	rk 0487	Helena E	Elem			Elemen	ıtary
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	1	1	78.7	1.80	84	08/25/04		
75	1	10	55.9	1.80	84	08/25/04		
100	1	11	83.2	1.80	84	08/25/04		
100	1	12	57.8	1.80	84	08/25/04		
100	1	12A	71.3	1.80	84	08/25/04		
100	1	14	79.6	1.80	84	08/25/04		
69.5	1	15	104.2	1.80	84	08/25/04		
40	1	15A	30.4	1.80	80	08/24/04		
71.2	1	16	73.1	1.80	84	08/25/04		
65	1	18	64.9	1.80	84	08/25/04		
60	1	19	76.8	1.80	84	08/25/04		
100	1	2	64.7	1.80	84	08/25/04		
50	1	20	90.5	1.80	84	08/25/04		
100	1	21	53.6	1.80	84	08/25/04		
100	1	22	91.7	1.80	84	08/25/04		
100	1	22A	94.5	1.80	84	08/25/04		
100	1	23	57.7	1.80	84	08/25/04		
74	1	24	65	1.80	84	08/25/04		
65	1	25	116.1	1.80	84	08/25/04		
100	1	26	72.8	1.80	84	08/25/04		
100	1	26A	100.5	1.80	84	08/25/04		
100	1	27	122.4	1.80	84	08/25/04		
55	1	28	71.4	1.80	84	08/25/04		
70	1	29	61.8	1.80	84	08/25/04		
70	1	29A	59.8	1.80	84	08/25/04		
100	1	3	58.8	1.80	84	08/25/04		
100	1	30	27.9	1.80	84	08/25/04		
100	1	31	25	1.80	84	08/25/04		
100	1	31A	53.3	1.80	84	08/25/04		
100	1	32A	76.2	1.80	84	08/25/04		
65	1	33	72.5	1.80	84	08/25/04		



School District Claim for State Reimbursement for School Bus Transportation

State	L
District	
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DUE
DATES

County:

100

25 Lewis & Clark

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

District:

0487 Helena Elem

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

District Level:

Elementary

DATES.	February 15 to State Superintendent			May 24 to State Superintendent		
COMPLE	TE THIS CLAIM FO	R STATE REIM	BURSEMENT FOR	SCHOOL BUS TRANSPORT	TATION:	
This claim	is for the period beginning	S	, 20 a	nd ending	, 20	
		month	day	month	day	
CERTIFI	CATION:					
The inform	nation on this form is comp	lete and accurate to t	he best of my knowledge.			
Date		Signature, Chair, Boa	rd of Trustees			

Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
70	1	34	48.1	1.80	84	08/25/04		
50	1	36	68.6	1.80	84	08/25/04		
50	1	37	33.6	1.80	84	08/25/04		
60	1	38	35	1.80	84	08/25/04		
50	1	39	59.5	1.80	84	08/25/04		
100	1	3A	72.5	1.80	84	08/25/04		
100	1	4	85.2	1.80	84	08/25/04		
30	1	40	64.8	1.80	84	08/31/04		
100	1	41	65.1	1.80	84	08/25/04		
100	1	41A	69.4	1.80	84	08/25/04		
100	1	42	60.4	1.80	84	08/25/04		
100	1	5	79	1.80	84	08/25/04		
66.7	1	50	50.2	0.95	18	08/25/04		
100	1	51	73.2	0.95	18	08/25/04		
35	1	52	65.9	0.95	18	08/25/04		
20	1	53	49.2	0.95	18	08/25/04		
100	1	54	114.6	0.95	18	08/25/04		
100	1	55	77.4	0.95	18	08/25/04		
80	1	56	85.4	0.95	18	08/25/04		
30	1	57	53.9	0.95	18	08/25/04		
30	1	58	75.5	0.95	18	08/25/04		
30	1	59	130.6	0.95	18	08/25/04		
100	1	5A	81.2	1.80	84	08/25/04		
60	1	6	71.2	1.80	84	08/25/04		
75	1	60	97.1	0.95	18	08/25/04		
75	1	61	57.3	0.95	18	08/25/04		
75	1	62	76.9	0.95	18	08/25/04		
75	1	63	54.9	0.95	18	08/25/04		

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84

08/25/04



School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES:

County:

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

District:

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

District Level:

CERTIFICATION: The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees

25 Lewis & Clark 0488 Helena H S High School

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

25 Lewis	5 Lewis & Clark 0488 Helena H S					High S	cnool	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
25	1	10	55.9	1.80	84	08/25/04	-	·
100	1	13	65.1	1.80	84	08/25/04		
30.5	1	15	104.2	1.80	84	08/25/04		
28.8	1	16	73.1	1.80	84	08/25/04		
100	1	17	93	1.80	84	08/25/04		
35	1	18	64.9	1.80	84	08/25/04		
40	1	19	76.8	1.80	84	08/25/04		
50	1	20	90.5	1.80	84	08/25/04		
26	1	24	65	1.80	84	08/25/04		
35	1	25	116.1	1.80	84	08/25/04		
45	1	28	71.4	1.80	84	08/25/04		
30	1	29	61.8	1.80	84	08/25/04		
30	1	29A	59.8	1.80	84	08/25/04		
100	1	32	70.7	1.80	84	08/25/04		
35	1	33	72.5	1.80	84	08/25/04		
30	1	34	48.1	1.80	84	08/25/04		
100	1	35	38.2	1.80	84	08/25/04		
50	1	36	68.6	1.80	84	08/25/04		
50	1	37	33.6	1.80	84	08/25/04		
40	1	38	35	1.80	84	08/25/04		
50	1	39	59.5	1.80	84	08/25/04		
70	1	40	64.8	1.80	84	08/31/04		
100	1	43	36.9	1.15	58	08/25/04		
65	1	52	65.9	0.95	18	08/25/04		
80	1	53	49.2	0.95	18	08/25/04		
20	1	56	85.4	0.95	18	08/25/04		
70	1	57	53.9	0.95	18	08/25/04		
70	1	58	75.5	0.95	18	08/25/04		
70	1	59	130.6	0.95	18	08/25/04		
40	1	6	71.2	1.80	84	08/25/04		
25	1	60	97.1	0.95	18	08/25/04		

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

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DUE DATES:	repluary 1 to County Superintendent							Iay 10 to (Iay 24 to S	Second Semes County Super State Superin	rintender tendent	ıt
COMPL	COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:										
This claim is for the period beginning											
			m	nonth	day			mon	ıth	day	
CERTIF	CERTIFICATION:										
The infor	mation on	this form is comp	plete and a	ccurate to th	e best of my kn	owledge.					
Date			Signature	e, Chair, Board	d of Trustees						
County:			District:						District	Level:	
25 Lewis	s & Cla	ırk	0488	Helena I	I S				High	School	
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacit	y Inspe	ction	Days Operated	s	Bus Driver's ocial Security #
25	1	61		57.3	0.95	18	08/2	5/04			
25	1	62		76.9	0.95	18	08/2	5/04			
25	1	63		54.9	0.95	18	08/2	5/04			
100	1	7		123.7	1.80	84	08/2	5/04			
100	1	8		59.2	1.80	84	08/2	5/04			
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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
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Helena, MT 59620-2501							School Bus Transportation County				
DUE DATES:	:	February 1 February 1	to Cou				Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPL	ETE TH	IS CLAIM FO	OR STA	TE REIMI	BURSEMEN	NT FOR SCH	IOOL BUS TRAI	NSPORTATION	1		
This clain	m is for the	period beginning	3			, 20 and e	nding	,	20		
			:	month	day		m	onth da	ay		
CERTIF	ICATIO	N:									
The info	rmation on	this form is comp	lete and	accurate to th	e best of my kr	nowledge.					
Date			Signatu	re, Chair, Board	d of Trustees						
County: District: District Level:							evel:				
25 Lewi	s & Cla	ırk	0491	Trinity I	Elem			Elemei	ntary		
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #		
33.3	4	50		50.2	0.95	18	08/25/04				

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

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DUE February 1 to County Superintendent DATES: February 15 to State Superintendent					Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPLE	TE THIS CLAIM FO	OR STATE REIMI	BURSEMENT FO	R SCHOOL	BUS TRANSPORT	ΓATION:		
This claim	This claim is for the period beginning							
CERTIFIC	CATION:							
The inforn	nation on this form is comp	lete and accurate to th	e best of my knowledg	e.				
Date		Signature, Chair, Boar	d of Trustees					
County:		District:				District Level:		
25 Lewis	& Clark	0492 East Hel	ena Elem			Elementary		

	J C C 10	· · · · · · · · · · · · · · · · · · ·	2 Eust Heiena Elem				Elementary		
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
100	9	1	83	1.57	72	08/26/04			
100	9	2	77	1.80	88	08/26/04			
100	9	3	48	1.80	84	08/26/04			
100	9	5	52	1.80	88	08/26/04			
100	9	8	20	1.36	65	08/26/04			

0	PI

County:

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

District:

School District Claim for State Reimbursement for School Bus Transportation

District Level:

State	
District	
County	

DUE DATES:	Firs February 1 to C February 15 to		Second Semester May 10 to County Superintendent May 24 to State Superintendent					
COMPLE	TE THIS CLAIM FOR S	TATE REIN	IBURSEME	NT FOR	SCHOOL	BUS TRANSPOI	RTATION:	
This claim	is for the period beginning	month	day	, 20	and ending	month	, 2 da	20 ay
CERTIFI	CATION:							
The inform	The information on this form is complete and accurate to the best of my knowledge.							
Date	Sign	nature, Chair, Bo	ard of Trustees					

25 Lewis	s & Cla	rk 0502	2 Augusta Elem				Elementary		
Percentage # Route #		Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Bus l Spection Operated Social S		
72	45	2	83	0.95	42	08/02/04			
78	45	3	112	0.95	23	08/02/04			
60	45	4	105	0.95	29	08/02/04			

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

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DUE DUE February 1 to County Superintendent DATES: February 15 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:											
COMPLI	ETE TH	IS CLAIM FO	R STA	TE REIMI	BURSEMEN	T FOR S	CHOOL BU	S TRANS	SPORTATION	•	
This clain	n is for the	period beginning	S		,	20 an	d ending			, 20	
			1	month	day			mor	nth d	lay	
CERTIF	ICATIO:	N:									
The infor	mation on	this form is comp	lete and	accurate to th	e best of my kn	owledge.					
Date			Signatur	re, Chair, Board	d of Trustees						
County:			District:						District L	evel:	
25 Lewis & Clark			0503	Augusta	H S			High School			
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacit	y Inspe	ction	Days Operated		us Driver's al Security #
28	45	2		83	0.95	42	08/02	2/04			
22	45	3		112	0.95	23	08/02	2/04			
40	45	4		105	0.95	29	08/02	2/04			
			I		•		•	I			

PI

Percentage

100

100

38

38

#

15E

15SW

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501

Per Day

63.8

28.4

Per Mile

0.95

1.36

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

Social Security #

		Helena	a, MT 59620-2	501		Control Buo Transpo	, rution		
DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent					Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPLE	ETE THIS	CLAIM FOR	STATE REIM	BURSEMEN	NT FOR SCHO	OL BUS TRANSPOR	TATION:		
This claim	is for the pe	eriod beginning _	month	day	, 20 and endi	month	, 20 day	_·	
CERTIFI	CATION:								
The inform	nation on th	is form is complet	te and accurate to t	he best of my kr	nowledge.				
Date		S	ignature, Chair, Boa	ard of Trustees					
County:		D	District:				District Level:		
25 Lewis	& Clarl	k 1	221 Lincoln	K-12 Scho	ools		High Schoo	ol	
	District	Route	Miles	Rate		Г	ays	Bus Driver's	

Capacity

44

65

Inspection

08/24/04

08/24/04

Operated